

# **APPLICATION FOR EXAMINATION OR LICENSURE**

## **TRAMWAY INSPECTOR**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

### **BOARD OF ELEVATOR AND TRAMWAY SAFETY**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8672  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

## Tramway Inspector

### ELIGIBILITY REQUIREMENTS:

Examination Applicants - An applicant must have experience in the construction, design, or maintenance of tramways and shall have four (4) years experience inspecting tramways obtained while working for an insurance company, a government agency or a company performing tramway or similar equipment inspections.

Licensure Applicants - The Board shall waive the examination for an applicant if the applicant is a professional engineer with a current valid registration in the State of Maine and possesses more than six (6) years experience in the construction, design, inspection, and operation of tramways.

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

Examination Applicants:

- Completed application and payment for \$125.00 (Make Check Payable to: Treasurer State of Maine)
  - \$25.00 Application fee
  - \$100.00 Examination fee

Licensure Applicants:

- Completed application and payment for \$140.00 (Make Check Payable to: Treasurer State of Maine)
  - \$100.00 License Fee (all licenses expire 12/31 annually)
  - \$25.00 Application Fee
  - \$15.00 Criminal Background Check Fee
- Copy of current valid professional engineer registration

Incomplete applications will be returned.

**CRIMINAL BACKGROUND CHECK** - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.



# STATE OF MAINE

## BOARD OF ELEVATOR AND TRAMWAY SAFETY BULLETIN OF INFORMATION

### LICENSES REQUIRED

The Board of Elevator & Tramway Safety requires the following licenses for persons working in the tramway industry.

- Tramway Inspector
- Wire Rope Inspector

Eligibility to take a license qualification exam is determined by the Board of Elevator & Tramway Safety of the State of Maine and the Department of Professional and Financial Regulation.

### ELIGIBILITY REQUIREMENTS

#### TRAMWAY INSPECTOR

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Licensure Applicants - The Board shall waive the examination for an applicant if the applicant is a professional engineer with a current valid registration in the State of Maine and possesses more than six (6) years experience in the construction, design, inspection, and operation of tramways.

### WIRE ROPE INSPECTOR

An applicant must have five (5) years experience in wire rope manufacture, installation, maintenance and/or inspection.

### EXAMINATION DATES, DEADLINES AND LOCATIONS

Examinations will be administered on the third Wednesday each March, June, September, and December. The Board must receive applications for examination together with the examination fee no later than the last day of the month prior to the examination.

### FEES

The following fees apply:

Examination fee:	\$100.00
License fee:	\$100.00

All licenses expire 12/31 annually.

Candidates who fail the examination will need to pay the examination fee listed to retake the exam.

Candidates who pass the examination will be mailed a notification with a portion to be completed and returned to the Board office with the applicable license fee.

## ADA CANDIDATES

Whenever a candidate has a disability falling within the guidelines of “*Americans with Disabilities Act*,” the Board will make accommodations and provide a proctor for the candidate for administration of an examination.

Candidates requiring special accommodations shall submit a letter from a physician documenting the disability at the time the examination application is submitted.

## ADMISSION TO THE EXAM

The Board will send an admission letter to each candidate approximately ten (10) days preceding the exam. The admission letter will show the name of the exam requested by the candidate, the specific date, time, and location of the exam. Only pre-registered candidates will be admitted to the exam. No walk-in candidates will be admitted.

Candidates not appearing for their scheduled exam forfeit all examination fees if prior notice not given.

If you lose your admission letter, or have not received an admission letter five days before the exam date, **contact the Board at 207/624-8629.** Please notify the Board of any change of address.

## WHAT TO BRING TO THE EXAM

Be sure to bring your admission letter and a photo identification (such as a driver’s license).

Please bring at least two #2 pencils with erasers for marking your answer sheet.

## DESCRIPTION OF THE EXAM

All exams are multiple-choice format.

	Time (hours)	# of Questions
Tramway Inspector	3	100

## SCORE INFORMATION

Your score will be based on the number of questions you answer correctly. You will not be given credit for any question which has been answered incorrectly, left blank, or marked with more than one answer. Be sure to mark an answer for each question. There is no penalty for guessing.

A minimum score of 80% is required to pass your examination. A result letter will be mailed to you approximately two weeks after the exam date. All result letters will be mailed simultaneously. The letters will provide you with information on licensing and re-testing.

# TRAMWAY INSPECTOR EXAMINATION OR LICENSURE APPLICATION

Date

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF ELEVATOR & TRAMWAY SAFETY**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8672 FAX: (207)624-8636  
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

License #: \_\_\_\_\_

Issued: \_\_\_\_\_

Expires: \_\_\_\_\_

CN #: \_\_\_\_\_

☐ 4530-1425 \$100.00

☐ 4530-1446 \$25.00

☐ 4530-1447 \$100.00

☐ 4530-2619 \$15.00

## EXAMINATION APPLICANTS

## LICENSURE APPLICANTS

EXAMINATION FEE \$100.00  
APPLICATION FEE \$ 25.00  
TOTAL DUE \$125.00

LICENSEE FEE \$100.00  
APPLICATION FEE \$ 25.00  
CRIMINAL BACKGROUND CHECK FEE \$ 15.00  
TOTAL DUE \$140.00

### PAYMENT OPTIONS:

☐

Check or Money Order Payable to "Treasurer State of Maine".

☐

Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of \$ \_\_\_\_\_. Signature \_\_\_\_\_

### NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

**SOCIAL SECURITY NUMBER.** The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

## NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of applicant: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Any other name used: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No  
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

PRESENT OR LAST EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any person who procures an inspector's license by fraud is guilty of a misdemeanor and may be punished by a fine, imprisonment, or both.

**This application must be signed in order to be processed.**

Sign: \_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_

# ACCOMMODATION REQUEST FORM

*The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.*

<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Social Security #</b> ____ - ____ - ____	<b>Telephone #:</b> (____) _____ - _____	

ACCOMMODATIONS REQUESTED FOR THE \_\_\_\_\_ EXAMINATION.

(CHECK ALL THAT APPLY)

- ☐ ACCESSIBLE TESTING SITE
- ☐ SEPARATE TESTING AREA
- ☐ BRAILLE
- ☐ LARGE PRINT
- ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME(SPECIFY): \_\_\_\_\_
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT

(SPECIFY): \_\_\_\_\_

☐ OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION  
(see reverse side)

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a  
(test applicant) (date)

\_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ TAPED TEST
- ☐ LARGE PRINT TEST
- ☐ READER
- ☐ SCRIBE/AMANUENSIS
- ☐ EXTENDED TIME:
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): \_\_\_\_\_

OTHER (PLEASE SPECIFY): \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE # (if applicable): \_\_\_\_\_